

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. **155**
Registered No. **621**

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. Miami Insp. Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Nancy Rose Jones } If child is not yet named, make supplemental report, as directed.3. Sex of Child Female } To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth Nov-18-1930
Month Day Year

8. FATHER

Full name John Blackwell Jones9. Residence 135 So. 2nd St
(Usual place of abode) Globe Ariz.
If non-resident, give place and state.

10. Color or race

Cauc.11. Age at last birthday 25 (Years)

12. Birthplace (city or place)

(State or country)

Virginia

13. Occupation

Nature of Industry

Miami Evening Bulletin

20. Number of children of this mother. _____

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living. 1(b) Born alive but now dead. 0(c) Stillborn. 0

14. MOTHER

Full maiden name Helen Eola Fitzpatrick15. Residence 135 So. 2nd St.
(Usual place of abode) Globe Arizona
If non-resident, give place and state.

16. Color or race

Cauc.17. Age at last birthday 22 (Years)

18. Birthplace (city or place)

(State or country)

Globe Arizona

19. Occupation

Nature of Industry

Housewife21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4 A. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

Cyril M. Brown M.D.

(Physician or midwife)

Given name added from a supplemental report

Month, day, year

Address

Miami, Arizona

Filed

Nov 15 30

Registrar.

Registrar.

512-1118-872